

**FSA-410-1**  
(09-10-03)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**REQUEST FOR DIRECT LOAN ASSISTANCE**

**INSTRUCTIONS TO APPLICANT: Show name, and trade name if any. Business entity applicants must provide additional information listed in Item 33. Individuals who want to apply for a loan together will be considered a joint operation. (Either a husband or wife can apply as an individual.)**

1. APPLICANT'S EXACT FULL LEGAL NAME (LIST ALL NAMES YOUR BUSINESS IS CURRENTLY USING)	6. APPLICANT'S COUNTY OF RESIDENCE	10. CO-APPLICANT'S EXACT FULL LEGAL NAME
2. APPLICANT'S ADDRESS (IF YOU ARE OPERATING AS A BUSINESS ENTITY LIST WHERE YOU ARE INCORPORATED OR OTHERWISE REGISTERED)	7. APPLICANT'S NUMBER OF HOUSEHOLD MEMBERS	11. CO-APPLICANT'S ADDRESS
3. APPLICANT'S TELEPHONE NO. (INCLUDING AREA CODE)	8. COUNTY OR COUNTIES BEING FARMED	12. CO-APPLICANT'S TELEPHONE NO. (INCLUDING AREA CODE)
4. APPLICANT'S BIRTH DATE (MM-DD-YYYY)		13. CO-APPLICANT'S BIRTH DATE (MM-DD-YYYY)
5. APPLICANT'S SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER	9A. ACRES OWNED _____ 9B. ACRES RENTED _____	14. CO-APPLICANT'S SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER

15. TYPE OF OPERATION:  INDIVIDUAL     PARTNERSHIP     TRUST     OTHER (IDENTIFY) \_\_\_\_\_  
 Unless you select one of the other boxes, individuals operating together will be considered a joint operation.  
 CORPORATION     COOPERATIVE     LIMITED LIABILITY CO.

16. INDIVIDUAL APPLICANTS ONLY MARITAL STATUS:     MARRIED     SEPARATED     UNMARRIED (INCLUDING SINGLE, DIVORCED, AND WIDOWED)

	YES	NO
17. Have you or any member of your organization ever been in receivership, been discharged in bankruptcy, or filed a petition for reorganization in bankruptcy? If "YES", please provide details in Item 35.		
18. Are you, or any member of your organization, or the organization itself, involved in any pending litigation? If "YES", provide details in Item 35.		
19. Have you ever or has any member of your organization ever, conducted business under any other name? If "YES", give name in Item 35.		
20A. Have you or any member of your organization ever obtained a direct or guaranteed farm loan from the Farm Service Agency (FSA) or Farmers Home Administration or the successor agencies?		
20B. If Item 20A is "YES", did the government ever forgive any debt through a write-off, debt settlement, compromise, write-down, charge-off, adjustment, reduction, or bankruptcy? If bankruptcy, please provide details in Item 35. If Item 20A is "NO", leave blank.		
21. If you obtained a guaranteed loan, did the government pay the lender a loss claim? Leave blank if you did not obtain a guaranteed loan.		
22. Are you or any member of your organization delinquent on any federal debt? If "YES", provide details in Item 35.		
23. Are you a citizen of the United States? If "NO", appropriate documentation must be submitted for a United States non-citizen national, or a qualified alien under applicable Federal immigration laws.		
24. Are you a U.S. veteran? If "YES", please indicate Branch and Dates of Service in Item 35.		
25. Are you now, or have you ever farmed or ranched? If "YES", provide the number of years and brief explanation in Item 35.		
26. Are you an FSA employee or are you related to or closely associated with any FSA employee? If "YES", please explain in Item 35.		

27A. PURPOSE OF LOAN	27B. APPROXIMATE AMOUNT OF LOAN NEEDED \$
28A. IF APPLICABLE, PURPOSE OF SUBSEQUENT LOAN	28B. APPROXIMATE AMOUNT OF SUBSEQUENT LOAN NEEDED \$
29A. NAME AND ADDRESS OF APPLICANT'S EMPLOYER	30A. NAME AND ADDRESS OF CO-APPLICANT'S EMPLOYER
29B. TELEPHONE NO. OF APPLICANT'S EMPLOYER:	30B. TELEPHONE NO. OF CO-APPLICANT'S EMPLOYER:
29C. APPLICANT'S APPROXIMATE ANNUAL INCOME \$	30C. CO-APPLICANT'S APPROXIMATE ANNUAL INCOME \$

**31. FSA USE ONLY**

A. DATE FORM FSA-410-1 RECEIVED (MM-DD-YYYY)	B. DATE APPLICATION COMPLETE (MM-DD-YYYY)	
C. CREDIT REPORT FEE \$	D. DATE RECEIVED (MM-DD-YYYY)	E. INITIALS
F. TYPE OF ASSISTANCE: <input type="checkbox"/> FO <input type="checkbox"/> OL <input type="checkbox"/> EM <input type="checkbox"/> SUBORDINATION <input type="checkbox"/> OTHER (SPECIFY) _____		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0167. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

**VOLUNTARY INFORMATION FOR MONITORING PURPOSES:** Race, ethnicity and gender information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against loan applicants. You are not required to furnish this information, but are encouraged to do so. Failure to complete this information may result in you not receiving access to targeted funds for which you may have been eligible. This information will not be used in evaluating your application or to discriminate against you in any way. If you do not furnish it, FSA is required to note your race, ethnicity and gender on the basis of observer identification. *(\*This data is requested for statistical purposes only. One or more boxes may be selected.)*

**32. FOR INDIVIDUAL APPLICANTS ONLY:**

<b>A. *ETHNICITY</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>B. *RACE (Choose as many boxes as applicable)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American	<b>C. GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>D. FOR FSA USE</b> <input type="checkbox"/> Provided <input type="checkbox"/> Observed
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**33. FOR BUSINESS ENTITY APPLICANTS ONLY:**

The business entity must provide:

A. Any Organizational and Operational Documents (e.g. Charter, Articles of Incorporation, Bylaws, Partnership or Joint Operation Agreements, etc).

B. Any evidence of its current registration with relevant state regulatory agencies (good standing).

C. A duly adopted resolution to apply for and obtain financing.

D. Tax identification number.

E. Balance Sheet not more than 90 days old.

**34. FOR BUSINESS ENTITY INDIVIDUAL MEMBERS ONLY:**

The individual member must provide:

A. Information in Items (1) through (7) below. Items (8) and (9) are voluntary, but required for access to targeted funds, as applicable.

B. Balance Sheet not more than 90 days old. (If there are no individually owned assets, then husband and wife joint operations may submit one consolidated balance sheet)

**NOTE:** Individual liability will be required regardless of the type of business organization.

(1) Full Legal Name and Complete Address	(2) Social Security No.	(3) Principal Occupation	(4) % of Ownership	(5) Birthdate (MM-DD-YYYY)	(6) Citizenship		(7) Gender
					Are you a citizen, non-citizen national, or qualified alien?		Male <input type="checkbox"/> Female <input type="checkbox"/>
(8) *Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		(9) *Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander				(10) FOR FSA USE <input type="checkbox"/> Provided <input type="checkbox"/> Observed	

(1) Full Legal Name and Complete Address	(2) Social Security No.	(3) Principal Occupation	(4) % of Ownership	(5) Birthdate (MM-DD-YYYY)	(6) Citizenship		(7) Gender
					Are you a citizen, non-citizen national, or qualified alien?		Male <input type="checkbox"/> Female <input type="checkbox"/>
(8) *Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		(9) *Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander				(10) FOR FSA USE <input type="checkbox"/> Provided <input type="checkbox"/> Observed	

(1) Full Legal Name and Complete Address	(2) Social Security No.	(3) Principal Occupation	(4) % of Ownership	(5) Birthdate (MM-DD-YYYY)	(6) Citizenship		(7) Gender
					Are you a citizen, non-citizen national, or qualified alien?		Male <input type="checkbox"/> Female <input type="checkbox"/>
(8) *Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		(9) *Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander				(10) FOR FSA USE <input type="checkbox"/> Provided <input type="checkbox"/> Observed	

(1) Full Legal Name and Complete Address	(2) Social Security No.	(3) Principal Occupation	(4) % of Ownership	(5) Birthdate (MM-DD-YYYY)	(6) Citizenship		(7) Gender
					Are you a citizen, non-citizen national, or qualified alien?		Male <input type="checkbox"/> Female <input type="checkbox"/>
(8) *Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		(9) *Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander				(10) FOR FSA USE <input type="checkbox"/> Provided <input type="checkbox"/> Observed	

**35. ADDITIONAL ANSWERS.** Write the item number to which each answer applies. If you need more space, use additional sheets of paper the same size as this page. On each sheet, write the applicant's name.

36. A signed and dated balance sheet not more than 90 days old is required. Business entities must provide individual members' balance sheets. You may use this form or attach your own. If you have a balance sheet on file with FSA that is less than 90 days old, you need not complete this section at this time.

BALANCE SHEET				AS OF						
A. CURRENT FARM ASSETS				\$VALUE	E. CURRENT FARM LIABILITIES				\$AMOUNT	
1. Cash on hand		2. Checking		3. Savings		Farm Accounts and Notes Payable				
\$		\$		\$		(Include Principal and Interest)				
Other Investments:						1. Creditor		2. Payment Due Date	3. Interest Rate	4. Monthly or Annual Installment (\$)
4. Time Certificates		5. Other								
\$		\$								
6. Accounts and Notes to be Received (Receivables)										
7. Crops and Feed		8. Units		9. Price Per Unit (\$)						
10. Livestock to be Sold		11. No.	12. Unit Weight	13. Price Per Unit (\$)		CCC Loan:				
						5. Type		6. Quantity	7. Due Date	
						Current Portion of Principal Due on:				
						8. Intermediate Liabilities				
						9. Long Term Liabilities				
						Accrued interest on:				
14. Growing Crops				15. Acres		16. Cost/Acre (\$)		10. Intermediate Liabilities		
								11. Long Term Liabilities		
								Accrued Taxes on:		
								12. Real Estate, Personal Property and Assessments		
17. Supplies and Prepaid Expenses								13. Income Tax and Social Security		
18. Leases								14. Accrued Rent/Lease Payments		
19. Other								15. Other (judgments, liens, etc.)		
<b>20. TOTAL CURRENT FARM ASSETS</b> ➔						<b>16. TOTAL CURRENT FARM LIABILITIES</b> ➔				
B. INTERMEDIATE FARM ASSETS						F. INTERMEDIATE FARM LIABILITIES (portion due beyond 12 months)				
1. Accounts and Notes to be Received beyond 12 months (Receivables)						1. Creditor		2. Payment Due Date	3. Interest Rate	4. Amount Delinquent (\$)
2. Breeding Livestock		3. No.	4. Price Per Unit (\$)							
5. Machinery, Equipment and Vehicles										
6. Co-op Stock										
7A. Cash Value, Life Insurance (7B. Face Amount \$ )										
Farmer-Owned Reserve:										
8. Type		9. Quantity	10. Price/Unit (\$)		5. Loans Secured by Life Insurance Policies					
					6. Farmer-Owned Reserve					
11. Other						7. Other				
<b>12. TOTAL INTERMEDIATE FARM ASSETS</b> ➔						<b>8. TOTAL INTERMEDIATE FARM LIABILITIES</b> ➔				
C. LONG TERM FARM ASSETS (Farm Real Estate)						G. LONG TERM FARM LIABILITIES (portion due beyond 12 months)				
1. Acres	2. Date Bought	3. Annual Tax	4. Cost		1. Creditor		2. Payment Due Date	3. Interest Rate	4. Amount Delinquent (\$)	
			\$							
			\$							
5. Co-op Stock										
6. Equity in Partnerships/Corporations/Joint Operations/Cooperatives										
7. Other						5. Other				
<b>8. TOTAL LONG TERM FARM ASSETS</b> ➔						<b>6. TOTAL LONG TERM FARM LIABILITIES</b> ➔				
<b>9. TOTAL FARM ASSETS</b> ➔						<b>7. TOTAL FARM LIABILITIES</b> ➔				
D. NONFARM ASSETS						H. NONFARM LIABILITIES				
1. Household Goods						Nonfarm Accounts and Notes Payable				
2. Car, Recreational Vehicles, etc.						1. Creditor		2. Payment Due Date	3. Interest Rate	4. Monthly or Annual Installment (\$)
3. Cash Value of Life Insurance										
4. Stocks, Bonds										
5. Nonfarm Business										
6. Other Nonfarm Assets										
7A. Nonfarm Real Estate (7B. Annual Tax \$ )										
						<b>5. TOTAL NONFARM LIABILITIES</b> ➔				
						<b>6. TOTAL FARM LIABILITIES</b> ➔				
<b>8. TOTAL NONFARM ASSETS</b> ➔						<b>7. TOTAL LIABILITIES</b> ➔				
<b>9. TOTAL FARM ASSETS</b> ➔						<b>8. NET WORTH</b> ➔				
<b>10. TOTAL ASSETS</b> ➔						<b>9. TOTAL LIABILITIES AND NET WORTH</b> ➔				

**37. SPECIAL PROGRAM INFORMATION**

Certain FSA programs are, by law, designed to reach targeted applicants. If you are interested in any of the programs described below, or have questions about these programs and whether you may qualify for a specific program, the FSA office processing your application will help you.

- A. SOCIALLY DISADVANTAGED APPLICANTS:** A portion of FSA farm ownership and operating loan funds are, by law, targeted to applicants who have been subjected to racial, ethnic or gender prejudice because of their identity as a member of a group, without regard to individual qualities. Under the applicable law, groups meeting this condition are: Women, Blacks, American Indians, Alaskan Natives, Hispanics, Asians, and Pacific Islanders.
- B. BEGINNING FARMER ASSISTANCE:** FSA has the authority to assist beginning farmers and ranchers through the farm operating and ownership loan programs. A portion of FSA farm ownership and operating loan funds are, by law, targeted to beginning farmers and ranchers. In addition, FSA has a beginning farmer down payment program, which receives special funding. In some States, FSA has agreements with State beginning farmer programs to help meet the credit needs of beginning farmers and ranchers.
- C. LIMITED RESOURCE LOANS:** Limited resource farm ownership and operating loans are available to qualified FSA applicants. This program provides loans at reduced interest rates to low-income farmers and ranchers whose farm operations and resources are so limited that they cannot pay the regular rates for FSA loans. The program is also intended to provide beginning farmers with an opportunity to start a successful farming operation.

**38. STATEMENT REQUIRED BY THE PRIVACY ACT**

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, to courts or adjudicative bodies or to state-certified or state licensed appraisers. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.

**39. GENERAL INFORMATION**

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 and TITLE XI, 1113(h) OF PUB. L. 95-630:** FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you, as well as collecting on loans made to you or guaranteed by the government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another government Agency or Department without your consent except as required by law.
- B. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT** prohibits creditors from discriminating against borrowers on the basis of race, color, religion, sex, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the borrower's income derives from any public assistance program, or because the borrower has in good faith exercised any right under the Consumer Credit Protection Act.
- C. FEDERAL COLLECTION POLICIES:** Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The mortgage lender in this transaction, its agents and assigns as well as the Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgaged loan described in the attached application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits; (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency, such as an income tax refund; and (9) Report any resulting written-off debt to the Internal Revenue Service as taxable income. All of these actions can and will be used to recover debts owed to the Federal Government, when in its best interests.

**40. CERTIFICATIONS**

**A. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES**

1. The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the loan applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
2. The loan applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.
3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty.

**B. ABUSE OF CONTROLLED SUBSTANCES**

The loan applicant certifies that he/she as an individual, or an entity applicant, has not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years. See the Food Security Act of 1985 (Pub. L. 99-198). The loan applicant also certifies that he or she as an individual, or any member of an entity applicant, is not ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. § 862.

**C. TEST FOR CREDIT**

The individual or authorized party certifies that the needed credit, with or without a loan guarantee, cannot be obtained by the individual applicant, or in the case of a business entity, the needed credit cannot be obtained considering all assets owned by the business entity and all of the individual members.

**D. PERMISSION TO FILE A FINANCING STATEMENT UNDER ARTICLE 9 OF YOUR STATE'S UNIFORM COMMERCIAL CODE**

If your state has adopted the 1998 revisions to its Uniform Commercial Code, you no longer have to sign the financing statement which allows FSA to obtain a security interest in your property. If your loan is approved and funded, FSA will file a financing statement at the earliest possible date, **before you enter into a SECURITY AGREEMENT. BY SIGNING BELOW I GIVE FSA PERMISSION TO FILE A FINANCING STATEMENT PRIOR TO THE EXECUTION OF THE SECURITY AGREEMENT AS WELL AS TO FILE AMENDMENTS AND CONTINUATIONS OF THE FINANCING STATEMENT THEREAFTER.**

**E. ACKNOWLEDGMENT**

**I, THE UNDERSIGNED LOAN APPLICANT, UPON SIGNING THIS LOAN APPLICATION, CERTIFY THAT I HAVE RECEIVED THE ABOVE NOTIFICATIONS AND ACCEPT AND COMPLY WITH THE CONDITIONS STATED THEREON. I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH TO OBTAIN A LOAN. I UNDERSTAND THAT THE 60-DAY PROMPT APPROVAL PERIOD WILL NOT BEGIN UNTIL A COMPLETE APPLICATION HAS BEEN FILED. (WARNING: SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES FOR CRIMINAL PENALTIES TO THOSE WHO PROVIDE FALSE STATEMENTS ON LOAN APPLICATIONS. IF ANY INFORMATION ON THIS APPLICATION IS FOUND TO BE FALSE OR INCOMPLETE, SUCH FINDING MAY BE GROUNDS FOR DENIAL OF THE REQUESTED CREDIT.)**

41A. SIGNATURE OF LOAN APPLICANT OR AUTHORIZED REPRESENTATIVE	41B. DATE (MM-DD-YYYY)	42A. SIGNATURE OF LOAN CO-APPLICANT OR AUTHORIZED REPRESENTATIVE	42B. DATE (MM-DD-YYYY)
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